

Name in Full

Certificate of Death

J. Jarvis Deau
 Died at ^{Town} Blair ^{County} Harford MARYLAND
 Date 1902 June 9th Month June Day 9th Y. 1902 M. June D. 9 Native of Blair, Md. Occupation Farmer
 Male Male White White ~~Married~~ Single ~~Widow~~ ~~Divorced~~ Number of children living 0

Husband of
 Wife of
 Father's Name Morris M. Deau Mother's Name Ella Deau
 Cause of Death { Primary Inflammation of bowel How long sick one week
 Immediate Perforation septic peritonitis ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by A. F. Van Bibber, M.D.
 Address Blair, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68958



Name in Full

Certificate of Death

James Bradford Devoe

Died at ^{Town} Pylesville ^{County} Harford MARYLANDDate ¹⁹⁰² June ^{Month} 20 ^{Day} Age ^{Y.} 21 ^{M.} 11 ^{D.} 3 Native of Harford Occupation Miller
Male White ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Number of children living~~Husband of _____
Wife

Father's Name Grafton Devoe Mother's Name Rebecca Devoe

Cause of Death { Primary Accident 166 How long sick 2 hours
Immediate Hemorrhage on brain Accident, Suicide, HomicideReported by Dr. Wm. B. Hayward
Address Pylesville Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Jane Durham

Town *Harford* County *MARYLAND*

Died at *Harford*

Date 1902 *June 20* Month *June* Day *20* Y. *70* M. *-* D. *-* Native of *md* Occupation *Housekeeping*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *4*

Husband of *Nathaniel Durham*

Wife of *Nathaniel Durham*

Father's Name *not known* Mother's Name *Montgomery*

Cause of Death { Primary *Consumption* Immediate *Exhaustion* } How long sick *1 year* Accident, Suicide, Homicide

Reported by *E & K Keogh - Undertaker*

Address *Summitville, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Ellis.

Town

County

Died at

Dorlingby

Hartford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6 29

Age

55 - -

Md.

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Married~~~~Widow~~

Father's

Name

John Ellis

Mother's

Maiden Name

Betsey Foreman

Cause of

Primary

Cervical Tumor

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

N. B. Kirk 121

Address

Dorlingby Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

John Giles

Town

County

Died at Glenville

Hagerford

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 189 June 15 Age 69 Maryland Blacksmith
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ Widower Number of children living Two

Husband of Mary Giles
 Wife

Father's Name Aaron Giles Mother's Name

Cause of Death Primary Immediate
 Disease of Heart 79
 How long sick 10 months
 Accident, Suicide, Homicide

Reported by Thos. H. Roberts No. 20

Address Churchville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 52 63



Name in Full

Certificate of Death

William H. Harward

Died at ^{Town} Fountain Green ^{County} Harford MARYLAND

Date 189 ¹⁹⁰² ^{Month} June ^{Day} 15 ^{Age} 84 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Plasterer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ^{Three}

Husband of Catharine Harward
 Wife
 Father's Name Chas. Harward Mother's Name Mary Harward

Cause of Death { Primary ^{Suppression of Urine} Obstruction of bowels How long sick about a week
 { Immediate ^{tion of bowels} 10th Accident, Suicide, Homicide

Reported by William L. Archer
 Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

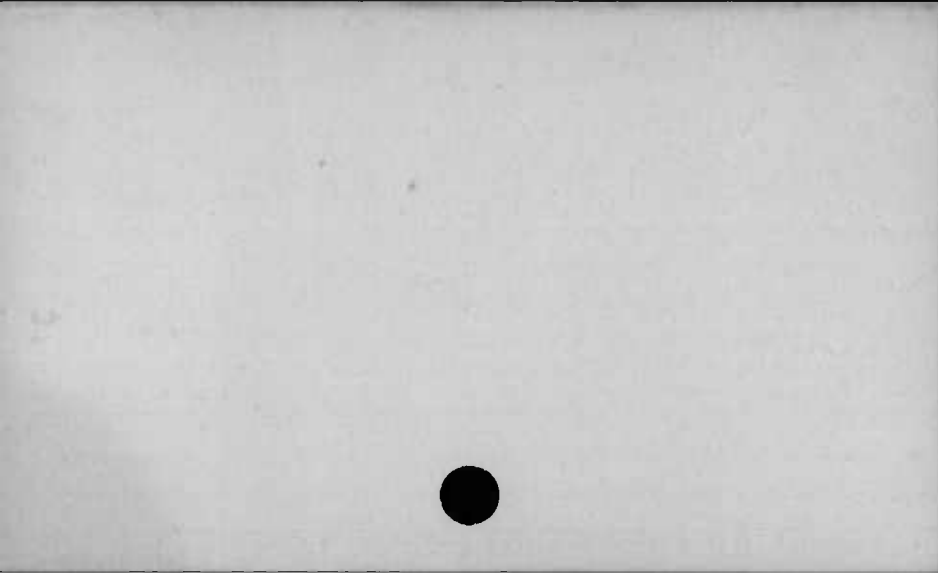
Certificate of Death

Mary A. Stepi
 Died at *Mill Green* *Harford* *MARYLAND*
 Date 19*02* *June* *14* | Age *72* - *-* | Native of *MA* | Occupation *Housewife*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of *Robert Stepi*
 Wife
 Father's Name *James Murphy* Mother's Maiden Name *M. Murphy*
 Cause of Death { Primary *Paralysis* | How long sick *one month*
 { Immediate *_____* | ~~Accident, Suicide, Homicide~~

Reported by *Dr. F. H. Arthur*
 Address *Steu. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Daisy Bell
 Town *Hill* County *Stearns*
 Died at *Chenango* MARYLAND
 Date 19 *02* Month *Jun* Day *6* Age *30* Y. *9* M. *1* D. *7* Native of *Ind* Occupation
~~Male~~ White ~~Married~~ Widowed ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living
 Husband of _____
 Wife _____
 Father's Name *Philip H. H. H.* Mother's Maiden Name *Ernie Hazel*
 Cause of Death { Primary *Tuberculosis* Immediate _____ How long sick *one year*
 Accident, Suicide, Homicide
 Reported by *Dr. F. H. Arthur*
 Address *Stearns Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *James Hopper*

Town *Havre de Grace* County *Harford* MARYLAND

Died at *Havre de Grace Harford*

Date 18*90* *2* Month *6* Day *26* Age *69* Y. *6* M. *6* D. *-* Native of *New Jersey* Occupation *Merchant*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *2*

Husband *Wife* of *Lurah E. Barnes*

Father's Name *Thomas Hopper* Mother's Name *Reziah Houghsey*

Cause of Death { Primary *Pulmonary apoplexy* Immediate *Pulmonary Edema* } How long sick *1 hour*

Reported by *H. S. Winstroff M.D.*

Address *Havre de Grace, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruben Howard

Town

County

Died at

Wickory

Month

Day

Y.

M.

D.

Native of

MARYLAND

Occupation

Date 1902 June 15 Age 27

Labour

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Elija Dancy

Name

Jane Howard

Cause of

Primary

Heart disease

How long sick

2 yrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. L. Hughes

Address

Gibson,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

J. M. Hughes
 Town _____ County _____
 Died at *Glenn de Grace* *Horsford Co* MARYLAND

Date 1902 Month 6, Day 24 Y. 62, M. — D. — Native of *Salem N.J.* Occupation *Fisherman*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living 2

Husband of *Elizabeth Baute*
 Wife of _____
 Father's Name *J. M. Hughes* Mother's Name *Don't know*
 Maiden Name _____

Cause of Death { Primary *82* Immediate *cerebral Embolism* How long sick *2 hours* Accident, Suicide, Homicide _____

Reported by *Dr. R. W. Smith*

Address *Glenn de Grace Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Fannie Jackson

Town

County

Died at

Wilma Hartford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 7

Age

35-1-6

Wd-

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living one

~~Husband~~

Wife

Father's

Name

Alfred Jackson

Mother's

Lee Preston

Maiden Name

Fannie Preston

Cause of

Primary

Consumption

How long sick

Death

Immediate

Hemorrhage Pulmonary

~~Accident, Suicide, Homicide~~

Reported by

J. F. H. Gossuch M.D.

Address

Fork Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

no 47

Thomas Jones

Town

County

Died at

Susan Creek Harford Co

MARYLAND

Date 1962

Month

Day

Y.

M.

D.

Native of

Occupation

June 19

Age

12

Harford

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Albert Jones

Mother's

Maiden Name

Josephine Jackson

Cause of

Primary

Hemorrhage from Cord

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

All Brothers MIO

Address

Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75098



Name In Full

Certificate of Death

Died at

Thomas Lane
 Town *Cardiff* County *Harford*

MARYLAND

Date 1902

Month *June* Day *12*

Age

Y. M. D.

73

Native of

Occupation

*Harford Co.**Laborer*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Annie Beaumont

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart Failure

How long sick

3 Months

Death

Immediate

~~Accident. Suicide. Homicide~~

Reported by

W. C. Curry

Address

Cardiff Md

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Not named

Town

Pleasantville

County

Hartford

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

June

10

Age

12

Ind.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John F. Morgan

Mother's

Name

Mary R. Morgan

Cause of

Primary

Death

Immediate

Heart-disease.

79

How long sick

Accident, Suicide, Homicide

Reported by

H. G. Walter Undertaker

Address

Pleasantville Ind ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Unknown (Supposed to be Henry L. Myers)

MARYLAND

Died at ^{Town} Husband's Flint Mill ^{County} Harford

Date 1892 ^{Month} June ^{Day} 6 ^{Age} about 40 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation} Laborer

~~Female~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Unknown~~ ~~Widower~~ Number of children living

Husband of Unknown

Wife's Name (Was dead when found)

Cause of Death { Primary Probably
Immediate Apoplexy

How long sick Lost

Accident, Suicide, Homicide

Reported by

Address

Epho Hopkins M.D.
Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full

Certificate of Death

Carrie E Norris

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

June 14

Age

1 2

Maryland

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Name

Florence K. Norris

Cause of

Primary

How long sick

few days

Death

Immediate

Brain Fever

Accident, Suicide, Homicide

Reported by

W. G. Walker Undertaker

Address

Pleasantville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Samuel Osborn

Town

County

Died at

Bel Air Harford

MARYLAND

Date 1902 June 9 Month Day Y. M. D. Native of Occupation
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ Bel Air, Md. Gardener
 Colored ~~Single~~ ~~Widow~~ Number of children living 6

Husband

of

~~Wife~~

Blanche Osborn 114

Father's

Name

Thos. Osborn

Mother's

Name

Lizzie Osborn

Cause of

Primary

Acute congestive hepatitis 1 week

Death

Immediate

Coma

How long sick

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

A. F. Van Bibber, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Robinson

Town

County

Died at

The Rocks

Harford

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

June 9th

Age

1

3

2

Harford

Infant

Male

~~White~~~~Mamed~~~~Widow~~~~Deceased~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robinson

Mother's

Name

Addie Robinson

Cause of

Primary

Chronic catarrh of lung

How long sick monthly

Death

Immediate

Congestion of lung

Accident, Suicide, Homicide

Reported by

Dr. Wm. B. Hayward

Address

Pylesville Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 86002



Name in Full

Certificate of Death

Jennie Ruff-

Town

County

Died at

MARYLAND

Date 1902 June 16 1902 June 16 1902 June 16 1902 June 16
 Month Day Y. M. D. Native of Occupation
Male Wife Married Widow Divorced
 Female Colored Single Widower Number of children living

Harford Co. Housewife

Husband
 of
 Wife
 Father's
 Name

William Ruff-

Mother's
 Name

Cause of { Primary Pulmonary tuberculosis 3 or 4 days
 Death { Immediate Syncope
 How long sick 3 or 4 days
 Accident, Suicide, Homicide

Reported by

A. F. Vant Bibber, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Hamie Ruff-

Town

County

Died at

MARYLAND

Blair Harbor

Date 1902 June 14 Y. M. D. Age 17. Native of Blair Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widowed Number of children living

Husband of

Wife

Father's Name William Ruff Mother's Name Jennie Ruff

Cause of Death { Primary Pulmonary tuberculosis How long sick 3 months

Immediate Exhaustion ~~Accident~~ ~~Suicide~~ ~~Alcohol~~

Reported by A. F. Van Bibber, U.D.

Address Blair, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Madison* Town *Harford* County *MARYLAND*
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *June 31* Age
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Primary

Death Immediate

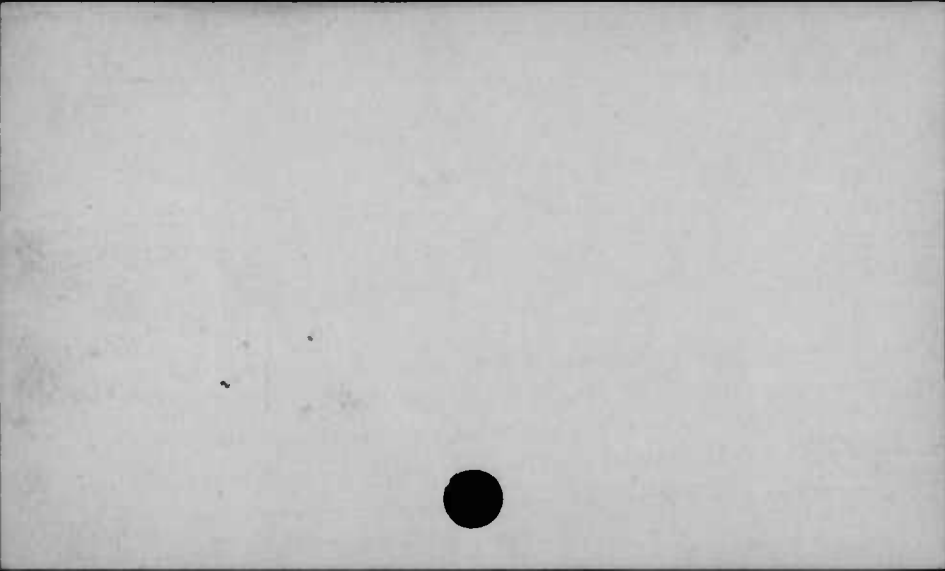
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ida Smith

Town

County

Died at

Halemia

Stafford

MARYLAND

Date ~~189~~ 1902 June 2 Month Day Y. M. D. Native of Ill. Occupation
 Male White Married 1 2 Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Sidney Smith

Mother's

Name

Mary Smith

Cause of

Primary

Gonorrhea

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. L. Hughes

Address

Gibson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Clark. Chaffee

Name in Full

Certificate of Death

Marguerite J. Goffette
 Town of Green County

Died at

MARYLAND

Date 19

Month Day

Y.

M.

D.

Native of

Occupation

on 6, 19

Age

41.2

21

Husband's Household

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

How long sick

Cause of

Primary

Anemia

34

6 months

Death

Immediate

General weakness

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Horse de Green Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79829



Name in Full

Certificate of Death

George S. Webster

Town

County

Died at

MARYLAND

Date 1902 June 9 9 76 6 12 hus Lumber
 Male White Married Widower Number of children living

Husband
of

Father's
Name

Mother's
Name

Cause of Death { Primary Chronic Inflammation of Second Month
 Immediate the Bladder 123 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Jeremiah A. Whittle
 Town *Coopersville* County *Stanford*

Died at *Coopersville* *Stanford* MARYLAND

Date 1902 *June 14* Month *June* Day *14* Age *75 4-15* Y. M. D. Native of *Md* Occupation *Labourer*
 Male *White* Married *Widow* ~~Divorced~~
 Female *Colored* Single *Widower* Number of children living *7*

Husband of *Ellen L. Monroe*
 Wife

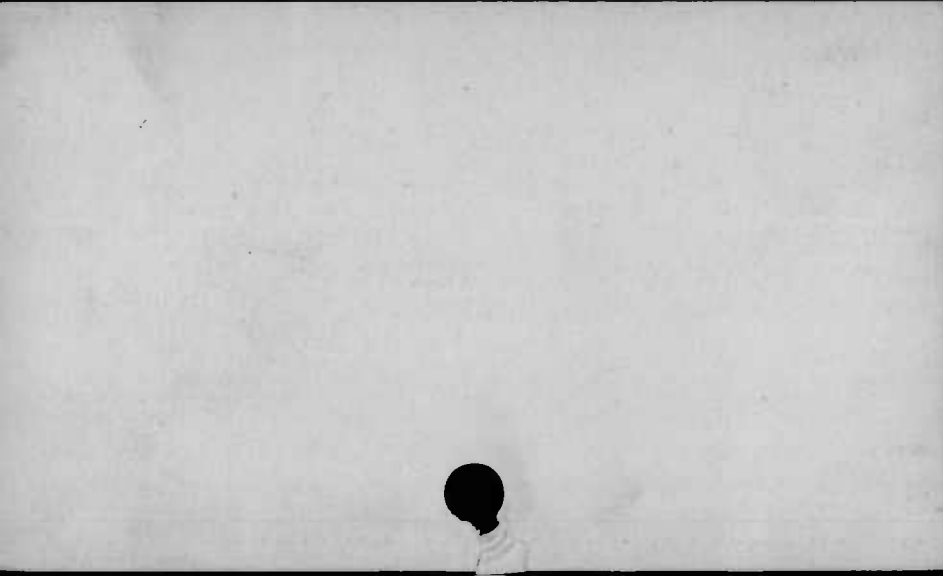
Father's Name *Jeremiah* Mother's Maiden Name *Elizabeth Hall*

Cause of Death { Primary *Paralysis* How long sick *6 months*
 Immediate *Exhaustion* *W.C.* Accident, Suicide, Homicide

Reported by *Martin L. Jarrett M.D.*

Address *Springville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Miles
 Died at ^{Town} *Aberteen* ^{County} *Harford* MARYLAND
 1902 Month Day Y. M. D. Native of Occupation
 Date 189 June 11 Age 67 *Harford*
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of *James A. Miles*
 Wife of *James A. Miles*
 Father's Name *Dr. Charles Hawks* Mother's Name *Jesse Hawks*

Cause of Death { Primary *Brain* Immediate
 How long sick *2 weeks*
 Accident, Suicide, Homicide

Reported by *James A. Miles*
 Address *Aberteen* *J. A. R. Fletcher*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

